APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number	::	NOT YET ASSIGNED
Filing Date	::	10-03-2003
Application Type	::	REGULAR
Subject Matter	::	UTILITY
Suggested Group Art Unit	::	
CD-ROM or CD-R?	::	NONE
Number of CD disks	::	N/A
Number of copies of CDs	::	N/A
Sequence submission?	::	NO
Computer Readable Form (CRF)	::	N/A
Number of Copies of CRF	::	N/A
Title	::	HAIR TREATMENT APPLICATOR
Attorney Docket Number	::	9049
Request for Early Publication?	::	NO
Request for Non-Publication?	::	NO
Suggested Drawing Figure	::	1
Total Drawing Sheets	::	5
Small Entity?	::	NO
Petition Included?	::	NO
Petition Type	::	N/A

APPLICANT INFORMATION

APPLICANT ONE		
Applicant Authority Type	::	INVENTOR
Primary Citizenship Country	::	US
Status	::	FULL CAPACITY
Given Name	::	KEITH
Middle Name	::	
Family Name	::	COLACIOPPO
Name Suffix	::	
City of Residence	::	BRONX
State or Province of Residence	::	NEW YORK
Country of Residence	::	USA
Street of mailing address	::	3191 VALHALLA DRIVE
City of mailing address	::	BRONX
State or Province of mailing address	**	NEW YORK
Country of mailing residence	::	USA
Postal or Zip Code of Mailing address	::	10465

APPLICANT TWO			
Applicant Authority Type	::	INVENTOR	
Primary Citizenship Country	::	US	
Status	::	FULL CAPACITY	
Given Name	::	ANNE	
Middle Name	::	MARIE	
Family Name	::	LENZI-BRANGI	
Name Suffix	::		
City of Residence	::	ORANGE	
State or Province of Residence	::	СТ	
Country of Residence	::	USA	
Street of mailing address	::	800 ROBERT TREAT DRIVE	
City of mailing address	::	ORANGE	
State or Province of mailing address	::	СТ	
Country of mailing residence	::	USA	
Postal or Zip Code of Mailing address	::	06477	

APPLICANT THREE			
Applicant Authority	::	INVENTOR	
Type	**		
Primary Citizenship	::	US	
Country	<u> </u>		
Status	::	FULL CAPACITY	
Given Name	::	GARY	
Middle Name	::		
Family Name	::	ALBAUM	
Name Suffix	::		
City of Residence	::	CROTON	
State or Province of Residence	::	NEW YORK	
Country of Residence	::	USA	
Street of mailing address	::	7 ORIOLE LANE	
City of mailing address	::	CROTON	
State or Province of mailing address	::	NEW YORK	
Country of mailing residence	::	USA	
Postal or Zip Code of Mailing address	::	10520	

APPLICANT FOUR			
Applicant Authority Type	::	INVENTOR	
Primary Citizenship Country	::	US	
Status	::	FULL CAPACITY	
Given Name	::	KIMBERLY	
Middle Name	::	Α.	
Family Name	::	DROSOS	
Name Suffix	::		
City of Residence	::	NORWALK	
State or Province of Residence	::	СТ	
Country of Residence	::	USA	
Street of mailing address	::	24 LINDEN HEIGHTS	
City of mailing address	***	NORWALK	
State or Province of mailing address	::	СТ	
Country of mailing residence	::	USA	
Postal or Zip Code of Mailing address	::	06851	

CORRESPONDENCE INFORMATION

Correspondence Customer No.	::	27752
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REPRESENTATIVE INFORMATION

Representative Customer No.	::	27752

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/416,163	10-04-2002
This application	Non-Provisional of	29/168,576	10-04-2002

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::

ASSIGNEE/ASSIGNMENT INFORMATION

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